

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

In re: CRAIG E. BRIEN	§	Case No. 07-70166
LINDA A. BRIEN	§	
	§	
Debtors	§	

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**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Lydia S. Meyer, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 01/25/2007.
- 2) The plan was confirmed on 12/10/2007.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C § 1329 on 08/30/2008, 09/09/2008, 08/26/2009.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 07/02/2008, 08/01/2008, 02/04/2009, 07/30/2009.
- 5) The case was dismissed on 09/18/2009.
- 6) Number of months from filing or conversion to last payment: 30.
- 7) Number of months case was pending: 33.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$52,300.00.
- 10) Amount of unsecured claims discharged without full payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$ 9,570.68	
Less amount refunded to debtor	\$ 0.00	
<b>NET RECEIPTS</b>		<b>\$ 9,570.68</b>

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$ 2,650.00	
Court Costs	\$ 0.00	
Trustee Expenses & Compensation	\$ 680.58	
Other	\$ 0.00	
<b>TOTAL EXPENSES OF ADMINISTRATION</b>		<b>\$ 3,330.58</b>
Attorney fees paid and disclosed by debtor:	\$ 350.00	

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Interest Paid
ATTORNEY DAVID H CARTER	Lgl	3,000.00	3,000.00	3,000.00	2,650.00	0.00
AMCORE BANK NA	Sec	2,800.00	3,020.25	3,020.25	1,659.93	799.89
AMCORE BANK NA	Uns	0.00	0.00	0.00	0.00	0.00
CITIMORTGAGE	Sec	0.00	161,801.49	0.00	0.00	0.00
CITIMORTGAGE	Sec	8,000.00	9,590.30	3,646.86	3,646.86	0.00
AARON'S GREENSCAPE	Uns	102.00	117.22	117.22	0.00	0.00
ECAST SETTLEMENT	Uns	10,630.00	11,445.09	11,445.09	73.62	0.00
CAMELOT RADIOLOGY	Uns	250.00	NA	NA	0.00	0.00
CAPITAL ONE BANK (USA) NA	Uns	412.00	461.24	461.24	0.00	0.00
CAPITAL ONE BANK (USA) NA	Uns	6,152.00	6,662.16	6,662.16	42.86	0.00
CAPITAL ONE BANK (USA) NA	Uns	490.00	595.02	595.02	0.00	0.00
ECAST SETTLEMENT	Uns	321.00	373.41	373.41	0.00	0.00
MEDICAL PAIN MAN	Uns	12,400.00	NA	NA	0.00	0.00
OB GYN	Uns	63.00	NA	NA	0.00	0.00
OSF ST ANTHONY MEDICAL	Uns	782.00	898.05	898.05	0.00	0.00
OSF MEDIACL GROUP, GROUP 3	Uns	73.00	NA	NA	0.00	0.00
ROCKFORD MERCANTILE AGENCY	Uns	31.00	75.56	75.56	0.00	0.00
ROCKFORD ANESTHESIOLOGISTS	Uns	160.00	NA	NA	0.00	0.00

**Scheduled Creditors:**

Creditor		Claim	Claim	Claim	Principal	Interest
<u>Name</u>	<u>Class</u>	<u>Scheduled</u>	<u>Asserted</u>	<u>Allowed</u>	<u>Paid</u>	<u>Paid</u>
ROCKFORD ORTHOPEDICS	Uns	298.00	NA	NA	0.00	0.00
ST ANTHONY'S MEDICAL CENTER	Uns	813.00	NA	NA	0.00	0.00
SWEDISH AMERICAN	Uns	1,780.00	NA	NA	0.00	0.00
SWEDISH AMERICAN	Uns	101.00	NA	NA	0.00	0.00
LVNV FUNDING LLC	Uns	2,434.00	2,633.69	2,633.69	16.94	0.00
WHOLE LIFE MEDICAL	Uns	97.00	NA	NA	0.00	0.00
MUTUAL MANAGEMENT SERVICES	Uns	0.00	431.61	431.61	0.00	0.00
ECAST SETTLEMENT	Uns	0.00	519.16	519.16	0.00	0.00

**Summary of Disbursements to Creditors:**

	Claim Allowed	Principal Paid	Interest Paid
<b>Secured Payments:</b>			
Mortgage Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
Mortgage Arrearage	\$ 3,646.86	\$ 3,646.86	\$ 0.00
Debt Secured by Vehicle	\$ 3,020.25	\$ 1,659.93	\$ 799.89
All Other Secured	\$ 0.00	\$ 0.00	\$ 0.00
<b>TOTAL SECURED:</b>	\$ 6,667.11	\$ 5,306.79	\$ 799.89
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Domestic Support Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
All Other Priority	\$ 0.00	\$ 0.00	\$ 0.00
<b>TOTAL PRIORITY:</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>GENERAL UNSECURED PAYMENTS:</b>	\$ 24,212.21	\$ 133.42	\$ 0.00

**Disbursements:**

Expenses of Administration	\$ 3,330.58	
Disbursements to Creditors	\$ 6,240.10	
<b>TOTAL DISBURSEMENTS:</b>		\$ 9,570.68

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: 11/23/2009

By: /s/ Lydia S. Meyer  
Trustee

**STATEMENT:** This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.